

— THIS FORM MUST BE KEPT CONFIDENTIAL —

982(a)(17)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <i>Improper</i> LAFRANCE Beal P-01542 P.O. Box 7050 Salinas Valley State Prison Soledad CA 93960 TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		FOR COURT USE ONLY FILED MAY X 2 2008 RICHARD W. WIEKING CLERK, U.S. DISTRICT COURT, NORTHERN DISTRICT OF CALIFORNIA
NAME OF COURT: <i>U.S. District Court Northern District</i> STREET ADDRESS: <i>450 Golden Gate Avenue</i> MAILING ADDRESS: CITY AND ZIP CODE: <i>San Francisco, CA 94102</i> BRANCH NAME:		
PLAINTIFF/PETITIONER: <i>LAFRANCE BEAL</i> DEFENDANT/RESPONDENT: <i>Warden Evans</i>		
APPLICATION FOR WAIVER OF COURT FEES AND COSTS		CASE NUMBER: <i>Co 8-1705 TEH</i>

I request a court order so that I do not have to pay court fees and costs.

1. a. ☒ I am *not* able to pay any of the court fees and costs.
 b. ☐ I am able to pay *only* the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):

3. a. My occupation, employer, and employer's address are (specify):
 b. My spouse's occupation, employer, and employer's address are (specify):

4. ☐ I am receiving financial assistance under one or more of the following programs:
 a. ☐ SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
 b. ☐ CalWORKs: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 c. ☐ Food Stamps: The Food Stamp Program
 d. ☐ County Relief, General Relief (G.R.), or General Assistance (G.A.)
 5. If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.
 a. ☐ (Optional) My Medi-Cal number is (specify):
 b. ☐ (Optional) My social security number is (specify):
 - - and my date of birth is (specify):
 [Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]
 c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
 [See Form 982(a)(17)(A) Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☐ My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☒ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: *4/28/08*

Lafrance Beal

(TYPE OR PRINT NAME)

Lafrance Beal

(SIGNATURE)

(Financial information on reverse)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <i>In proper</i> <i>Lafrance Beal P-01542</i> <i>P.O. Box 1050</i> <i>Salinas Valley State Prison</i> <i>Salinas, CA 93960</i> TELEPHONE NO.: _____ FAX NO.: _____	FOR COURT USE ONLY
ATTORNEY FOR (Name): NAME OF COURT: <i>U.S. District Court Northern District</i> STREET ADDRESS: <i>450 Golden Gate Avenue</i> MAILING ADDRESS: CITY AND ZIP CODE: <i>San Francisco CA, 94102</i> BRANCH NAME:	
PLAINTIFF/PETITIONER: <i>Lafrance Beal</i> DEFENDANT/RESPONDENT: <i>Warden Evans</i>	
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS	

CASE NUMBER:

1. The application was filed on (date): *March 28, 08* ☐ A previous order was issued on (date):
2. The application was filed by (name): *Lafrance Beal*
3. ☐ IT IS ORDERED that the application is granted ☐ in whole ☐ in part (see Cal. Rules of Court, rule 985).
- a. ☐ No payments. Payment of all the fees and costs listed in California Rules of Court, rule 985(i), is waived.
- b. ☐ The applicant shall pay all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:
- | | |
|---|--|
| (1) <input type="checkbox"/> Filing papers. | (6) <input type="checkbox"/> Sheriff and marshal fees. |
| (2) <input type="checkbox"/> Certification and copying. | (7) <input type="checkbox"/> Reporter's fees* (valid for 60 days). |
| (3) <input type="checkbox"/> Issuing process and certification. | (8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1(c)). |
| (4) <input type="checkbox"/> Transmittal of papers. | (9) <input type="checkbox"/> Other (specify code section): |
| (5) <input type="checkbox"/> Court-appointed interpreter (small claims only). | |
- * Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
- c. Method of payment. The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
- (1) ☐ Pay (specify): _____ percent. (2) ☐ Pay: \$ _____ per month or more until the balance is paid.
- d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the litigant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:
- | | | | | |
|-------------|-------------|--------------|-------------|-------------|
| Date: _____ | Time: _____ | Dept.: _____ | Div.: _____ | Room: _____ |
|-------------|-------------|--------------|-------------|-------------|
- e. ☐ (~~must be completed if application is granted in part~~) Reasons for denial of a requested waiver (specify):
- f. ☐ The clerk is directed to mail a copy of this order to the applicant's attorney or to the applicant if unrepresented.
- g. All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.
4. ☐ IT IS ORDERED that the application is denied for the following reasons (specify):
- a. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
- b. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a hearing be held.
- a. The substantial evidentiary conflict to be resolved by the hearing is (specify):
- b. The applicant should appear in this court at the following hearing to help resolve the conflict:
- | | | | | |
|-------------|-------------|--------------|-------------|-------------|
| Date: _____ | Time: _____ | Dept.: _____ | Div.: _____ | Room: _____ |
|-------------|-------------|--------------|-------------|-------------|
- c. The address of the court is (specify):
- d. The clerk is directed to mail a copy of this order to the applicant only.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: *April 28, 08*

(Continued on reverse)

JUDICIAL OFFICER

982(a)(18.1)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <i>In pro per</i> <i>Lafrance Beal P-01549</i> <i>P.O. Box 1050</i> <i>Salinas Valley State Prison</i> TELEPHONE NO.: FAX NO.:		FOR COURT USE ONLY
ATTORNEY FOR (Name):		
INSERT NAME OF COURT AND NAME OF JUDICIAL DISTRICT AND BRANCH COURT, IF ANY: <i>United States District Court Northern District</i>		
PLAINTIFF/PETITIONER: <i>Lafrance Beal</i> DEFENDANT/RESPONDENT: <i>Warden Evans</i>		
ORDER ON APPLICATION FOR WAIVER OF ADDITIONAL COURT FEES AND COSTS (Cal. Rules of Court, rule 985(j))		CASE NUMBER:

- The application was filed on (date): ☐ A previous order was issued on (date):
- The application was filed by (name):
- ☐ IT IS ORDERED that the application is granted. ☐ in whole ☐ in part (see Cal. Rules of Court, rule 985).
 - ☐ No payments. Payment of all the fees and costs listed in California Rules of Court, rule 985(j), is waived.
 - ☐ Applicant shall pay all the fees and costs listed in California Rules of Court, rule 985(j), EXCEPT the following:
 - ☐ Jury fees and expenses.
 - ☐ Court-appointed interpreter for witnesses.
 - ☐ Witness fees of peace officers.
 - ☐ Reporter's fees (beyond 60 days).
 - ☐ Court-appointed experts.
 - ☐ Other fees and costs (specify):
 - Method of payment. Applicant shall pay all the fees and costs when charged, EXCEPT as follows:
 - ☐ Pay (specify): _____ percent.
 - ☐ Pay: \$ _____ per month or more until the balance is paid.
 - The clerk of the court, county financial officer, or appropriate county officer is authorized to require the litigant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period.
 ☐ The applicant is ordered to appear for the court's review of the applicant's financial status as follows:
 Date: _____ Time: _____ Dept.: _____ Room: _____
 - ☐ (must be completed if application is granted in part) Reasons for denial of a requested waiver (specify):
 - ☐ The clerk is directed to mail a copy of this order to the applicant's attorney or to the applicant if unrepresented.
 - All unpaid fees and costs shall be deemed to be taxable costs if applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.
- ☐ IT IS ORDERED that the application is denied for the following reasons (specify):
 - The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
 - The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
- ☐ IT IS ORDERED that a hearing be held.
 - The substantial evidentiary conflict to be resolved by the hearing is (specify):
 - Applicant should be present at the hearing to be held as follows:
 Date: _____ Time: _____ Dept.: _____ Room: _____
 - The address of the court is (specify):
 - The clerk is directed to mail a copy of this order to the applicant only.

Date: *April 28, 08*

(Continued on reverse)

JUDICIAL OFFICER

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <i>In proper</i> <i>Lafrance Beal P-01542</i> <i>P.O. Box 1250</i> <i>Salinas Valley State Prison</i> <i>Salinas, CA 93960</i>		TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):			
NAME OF COURT AND BRANCH, IF ANY: <i>U.S. District Court Northern District</i>			
STREET ADDRESS: <i>450 Golden Gate Avenue</i>			
MAILING ADDRESS: <i>San Francisco CA 94102</i>			
CITY AND ZIP CODE:			
PLAINTIFF: <i>Lafrance Beal</i>			
DEFENDANT: <i>Warden Evans</i>			
APPLICATION FOR WAIVER OF ADDITIONAL COURT FEES AND COSTS			CASE NUMBER:

1. I was granted a waiver of court fees and costs in this case on (date):

2. a. ☐ My financial status has not changed since I filed my original application.

b. ☒ My financial status has changed since I filed my original application AND a new application is attached.

3. I ask the court to extend my waiver of fees to cover the following additional court fees and costs:

a. ☐ Jury fees and expenses.

b. ☐ Court appointed interpreters' fees for witnesses.

c. ☐ Witness fees of peace officers whose attendance is necessary for reasons shown below.

d. ☐ Reporters' fees for attendance at hearings and trials held more than sixty days after the date of the original application as shown above.

e. ☐ Witness fees for court appointed experts.

f. ☐ Other (specify):

4. These additional services are needed because (use additional sheet if necessary):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on (date): *April 28, 08* at (place): *Salinas Valley State Prison*

Lafrance Beal
(Type or print name)

Lafrance Beal
(Signature)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <i>In proper</i> <i>LaFrance Beal P-01542</i> <i>P.O. Box 1050</i> <i>Salinas Valley State Prison</i> <i>Salinas CA, 93960</i>		TELEPHONE NO.:	FOR COURT USE ONLY
NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY: <i>In the United States District Court</i> <i>for the Northern District</i>			
PLAINTIFF: <i>LaFRANCE BEAL</i>			
DEFENDANT: <i>Warden Evans</i>			
NOTICE OF WAIVER OF COURT FEES AND COSTS			CASE NUMBER:

1. The application for waiver of court fees and costs was filed *March 28th 2008*
 - a. on (date): *3/28/08 and again 4/26/08*
 - b. by (name):
2. The application was granted by operation of law.
3. The applicant may proceed in this action without payment of
 - a. ☐ court fees and costs listed in rule 985(i) California Rules of Court.
 - b. ☐ the following court fees and costs (specify):

Dated:

Clerk, by
(Deputy)

CLERK'S CERTIFICATION	
(SEAL)	I certify that the foregoing is a true copy of the original on file in my office.
	Dated:
	Clerk, by (Deputy)

**INFORMATION SHEET ON WAIVER
OF COURT FEES AND COSTS
(California Rules of Court, rule 985)**

If you have been sued or if you wish to sue somebody, and if you cannot afford to pay court fees and costs, you may not have to pay if:

1. You are receiving financial assistance under one or more of the following programs:

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
- CaWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families; formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamps Program
- County Relief, General Relief (G.R.) or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs based on your receiving financial assistance under one or more of these programs, and you did not provide your social security number, you must produce a letter confirming benefits from a public assistance agency or one of the following documents, except if you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	MediCal Card or Notice of Planned Action or SS Computer Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CaWORKs/TANF (formerly known as AFDC)	MediCal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of check stub or County voucher

— OR —

2. Your total gross monthly household income is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 838.54
2	1,130.21
3	1,421.88
4	1,713.54
5	2,005.21

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,296.88
7	2,588.54
8	2,880.21
Each additional	291.67

— OR —

3. Your income is not enough to pay for the common necessities of life for yourself and the people you support and also to pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the yellow pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

Case Number: C08-1705 TEH

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of PO1542 Beal, Lafrance for the last six months at

SALINAS VALLEY STATE PRISON
ACCOUNTING DEPARTMENT
P.O. BOX 1020
SOLEDAD, CA 93960-1020

[prisoner name]

where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 10.83 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 11.60.

Dated: 5/1/08

L. macias

[Authorized officer of the institution]

REPORT ID: TS3030 .701

REPORT DATE: 05/01/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
SALINAS VALLEY STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU MAY 01, 2008

ACCOUNT NUMBER : P01542

BED/CELL NUMBER: FCB6T1000000129L

ACCOUNT NAME : BEAL, LAFRANCE D

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
11/01/2007		BEGINNING BALANCE					0.00
ACTIVITY FOR 2008							
03/27	D300	CASH DEPOSIT	2498 7512		30.00		30.00
03/27	D300	CASH DEPOSIT	2498 7512		10.00		40.00
04/01	W512	LEGAL POSTAGE	2523 LPOST			0.41	39.59
04/01	W512	LEGAL POSTAGE	2523 LPOST			4.60	34.99
04/01	W512	LEGAL POSTAGE	2523 LPOST			4.60	30.39
04/14	W512	LEGAL POSTAGE	2615 ENVEL			0.80	29.59
04/14	FC03	DRAW-FAC 3	2635 C6			29.59	0.00
04/18	D300	CASH DEPOSIT	2694 7601		25.00		25.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	65.00	40.00	25.00	0.00	0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE. 4/30/08
ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY R. macias SVSP
TRUST OFFICE

CURRENT
AVAILABLE
BALANCE

25.00